

AMENDED FILED VS MAR 16 1961  
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2125** STATE FILE NUMBER **61-01325**

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hosp. #1** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1816 PESTALOZZI** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Linda** Middle \_\_\_\_\_ Last **Nickles**  
 4. DATE OF DEATH Month **3** Day **2** Year **1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **JULY 19 1953** 9. AGE (last birthday) **7** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **Mo** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **BUFFORD NICKLES** 13b. MOTHER'S MAIDEN NAME **PATTY WILDMAN** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT **BUFFORD NICKLES** Address **1816 PESTALOZZI**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Broncho pneumonia**  
 DUE TO (b) **Measles Encephalitis**  
 DUE TO (c) **085.1**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from **2/22/61** to **3/2/61** and last saw her/him alive on **3/2/61**  
 Death occurred at **1:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Gerold J. Dentler MD** (Degree or title) 22b. ADDRESS **1515 Lafayette Ave.** 22c. DATE SIGNED **3/2/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **MAR. 4 1961** 23c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 23d. LOCATION (City, town, or county) (State) **POTOSI, MISSOURI**

24. FUNERAL DIRECTOR **Thomas Kute 2906 Genois** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **MAR 2 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.